2020 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES				
	Premium Cost			РВА
Person(s) Covered	Annual	Monthly	COBRA	All Unit Members
Single	\$7,859.64	\$654.97	\$668.07	\$65.50
Sponsor Two Person	\$18,135.24	\$1,511.27	\$1,541.50	\$151.13
Family	\$20,917.68	\$1,743.14	\$1,778.00	\$174.31
Family No Spouse	\$19,868.28	\$1,655.69	\$1,688.80	\$165.57
Single	\$6,171.84	\$514.32	\$524.61	\$25.00
Sponsor Two Person	\$14,215.92	\$1,184.66	\$1,208.35	\$50.00
Family	\$16,381.68	\$1,365.14	\$1,392.44	\$50.00
Family No Spouse	\$15,572.64	\$1,297.72	\$1,323.67	\$50.00
Single	\$3,609.12	\$391.76	\$399.60	\$10.00
Family No Spouse	\$9,106.08	\$988.48	\$1,008.25	\$248.11
Single	\$445.20			\$0.33 \$0.82
	Person(s) Covered Single Sponsor Two Person Family Family No Spouse Single Sponsor Two Person Family Family No Spouse Single Single Family No Spouse	Person(s) Covered         Annual           Single         \$7,859.64           Sponsor Two Person         \$18,135.24           Family         \$20,917.68           Family No Spouse         \$19,868.28           Single         \$6,171.84           Sponsor Two Person         \$14,215.92           Family         \$16,381.68           Family No Spouse         \$15,572.64           Single         \$3,609.12           Family No Spouse         \$9,106.08           Single         \$445.20	Person(s) Covered         Annual         Monthly           Single         \$7,859.64         \$654.97           Sponsor Two Person         \$18,135.24         \$1,511.27           Family         \$20,917.68         \$1,743.14           Family No Spouse         \$19,868.28         \$1,655.69           Single         \$6,171.84         \$514.32           Sponsor Two Person         \$14,215.92         \$1,184.66           Family         \$16,381.68         \$1,365.14           Family No Spouse         \$15,572.64         \$1,297.72           Single         \$3,609.12         \$391.76           Family No Spouse         \$9,106.08         \$988.48           Single         \$445.20         \$37.10	Premium Cost           Person(s) Covered         Annual         Monthly         COBRA           Single         \$7,859.64         \$654.97         \$668.07           Sponsor Two Person         \$18,135.24         \$1,511.27         \$1,541.50           Family         \$20,917.68         \$1,743.14         \$1,778.00           Family No Spouse         \$19,868.28         \$1,655.69         \$1,688.80           Single         \$6,171.84         \$514.32         \$524.61           Sponsor Two Person         \$14,215.92         \$1,184.66         \$1,208.35           Family         \$16,381.68         \$1,365.14         \$1,392.44           Family No Spouse         \$15,572.64         \$1,297.72         \$1,323.67           Single         \$3,609.12         \$391.76         \$399.60           Family No Spouse         \$9,106.08         \$988.48         \$1,008.25           Single         \$445.20         \$37.10         \$37.84

 $<sup>^{\</sup>star}$  Signature Deductible is an HDHP that comes with County funded \$500/\$1000 HSA for out-of-pockets expenses

 $<sup>^{\</sup>star\star}$  Obamacare AMV (Affordable Minimum Value) is a \$6,000/\$12,000 HDHP plan offered in compliance with Obamacare employer mandates.